July 20, 2020

Dear Pharmacy Director:

This letter is to remind all pharmacies employing New York State certified pharmacist immunizers of their responsibility to report information about vaccinations they administer to the New York State Department of Health (NYSDOH). The annual survey (Certified Pharmacist Immunizer Survey) will be available via the NYSDOH’s Health Commerce System (HCS) on July 24, 2020 and will cover the period July 1, 2019 through June 30, 2020. Instructions to obtain an HCS account are available online at https://apps.health.ny.gov/pub/ctrldocs/paperless_docp.pdf. Survey responses must be provided by September 25, 2020.

Immunization Reporting Requirements

NYS Public Health Law Section 2168 requires certified pharmacist immunizers to report all immunizations administered to persons less than 19 years of age, along with the person’s immunization history, to the New York State Immunization Information System (NYSIIS), for immunizations administered outside of New York City (NYC) or to the Citywide Immunization Registry (CIR), for immunizations administered within NYC. In addition, Public Health Law Section 2168 requires pharmacists to report immunizations administered to adults ages 19 years and older to NYSIIS or the CIR upon consent of the patient. The Certified Pharmacist Immunizer Survey collects information on doses of vaccine administered to adults ages 19 years or older that were not reported to either NYSIIS or the CIR. This report does not supplant NYSIIS and CIR reporting requirements for doses administered to children less than 19 years of age.


Variables to be Reported

Pharmacists will be required to report the following personal information in the annual survey:

1. Certified pharmacist license number
2. Contact information (e.g. phone and email address)
3. An attestation as to whether vaccines were reported to either NYSIIS or the CIR
The NYSDOH will require the following aggregated information to be reported on an individual pharmacist level:

1. Type of facility(-ies) at which vaccines was given (i.e. chain pharmacy, independent pharmacy, hospital, local health department, or other)

2. County(-ies) in which vaccines were given

3. Total number of doses of the following vaccines that were not reported to either NYSIIS or the CIR, for each facility at which the individual pharmacist administered vaccines:
   a. Influenza
   b. Pneumococcal
   c. Meningococcal
   d. Zoster
   e. Tetanus, diphtheria and/or pertussis (Td and/or Tdap vaccines)

Pharmacies have the option of either requiring their pharmacist immunizers to report on their own behalf, or appointing one or more pharmacy representatives to report on behalf of their pharmacists.

The attached “Certified Pharmacist Immunizer Survey” instruction card includes step-by-step instructions for completing and submitting the survey. For additional questions, call the NYSDOH Bureau of Immunization at 518-473-4437.

Sincerely,

Elizabeth Rausch-Phung, M.D., M.P.H.
Director, Bureau of Immunization
New York State Department of Health

Attachment: Certified Pharmacist Immunizer Survey instruction card